## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>04-</u> 28-2008	Addi	ress: <u>SR 75 near Union</u> st	
Case #;	<u>14-37828</u>		Frankfort,In	
County;	<u>Clinton</u>	•		
Type of Laboratory Scizure (check one)		<u>Seizure Loca</u>	ttion (check all that apply)	
	onal Lab al/Glassware/Equipment (only ite (only)	Residence	Hotel/Motel	
(check all th	nd: Location (bedroom, kitchen, nat apply) /Ammonia Reaction(s);			
	osphorous/Iodine Reaction(s):			
	ible Solvents: open air			
Water Reactive Metal (Lithium): open air				
	ous Ammonia:			
☐ Hydroch	nloric Acid Gas Generator(s):	_		
	re Acid:			
Corrosiv	/e Base;			
Other (it	em and location):			
∐ Yes ⊠ No	r age 18 discovered (check one) (number present)  port to Child Protective Services	Eph	gative Information edrine/Pseudoephedrine Tracking Logal/Merchant Tip cr:mushroom hunter	
This report	is to be faxed to the following	g agencies that serve (	the location:	
	nent: <u>Frankfort</u>		765-654 <b>-</b> 4330	
Health Department: Clinto County		Fax: <u>7</u>	Fax: <u>765-659-6387</u> Fax:	
Child Protec	tion Service: <u>N/A</u>	rax: _	<del></del>	
For further in Investigating	nformation regarding this meth	amphetamine laborato Phone	ry, contact	
** This form	is to be faxed to the Fire Departmenth in 24 hours of scene processing.	it, Health Dopartment and/o	or Child Protective Services Department	

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.